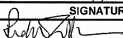


|   |                             |   |                  |
|---|-----------------------------|---|------------------|
| <b>POWER OF ATTORNEY<br/>and<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | <b>Application Number</b>   |   | 10/553,594       |
|   | <b>Filing Date</b>          |   | October 18, 2005 |
|   | <b>First Named Inventor</b> |   | Richard L. BOYD  |
|   | <b>Title</b>                | DISEASE PREVENTION AND<br>VACCINATION PRIOR TO THYMIC |                  |
|   | <b>Art Unit</b>             | N/A   |                  |
|   | <b>Examiner Name</b>        | Not Yet Assigned                                      |                  |
| <b>Attorney Docket No.</b>  |                             | 0286336.00159US2                                      |                  |

|  |   |                            |                 |
|--|---|----------------------------|-----------------|
| I hereby revoke all previous powers of attorney given in the above-identified application.   |   |                            |                 |
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| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                    |   |                            |                 |
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| I am the:  |   |                            |                 |
| <input type="checkbox"/>   | Applicant/Inventor.   |                            |                 |
| <input checked="" type="checkbox"/>  | Assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) |                            |                 |
| <b>SIGNATURE of Applicant or Assignee of Record</b>  |   |                            |                 |
| Signature  |   | Date                       | 15-02-08        |
| Name   | RICHARD F. WILLIAMS   | Telephone                  | +44 7860 295153 |
| Title and Company  | CHIEF EXECUTIVE OFFICER NORWOB IMMUNOCOSY LIMITED   |                            |                 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |   |                            |                 |
| <input type="checkbox"/>   | *Total of <u>1</u> forms are submitted.   |                            |                 |